



High Commission of the Republic of Maldives,
Colombo



Guardianship Declaration Form

Student details

Name: _____ Passport No. _____
Permanent Address: _____ National ID No. _____
_____ Contact No. _____

Mother's details

Name: _____ Passport No. _____
Permanent Address: _____ National ID No. _____
_____ Contact No. _____

Reason for assigning a guardian: _____

Father's details

Name: _____ Passport No. _____
Permanent Address: _____ National ID No. _____
_____ Contact No. _____

Reason for assigning a guardian: _____

Declaration

We / I hereby consent the below mentioned party as the guardian of my child , detailed in this form. I also trust and charge him / her to conduct all official and personal matters pertaining our / my child's education and welfare.

Name: _____ Signature: _____
(Mother of the child) Date: _____

Name: _____ Signature: _____
(Father of the child) Date: _____

Assigned Guardian's details

Name: _____ Passport No. _____
Permanent Address: _____ National ID No. _____
_____ Contact No. _____

Declaration

I hereby agree and take full responsibility, personally, officially and leagaly, for the above mentioned child,

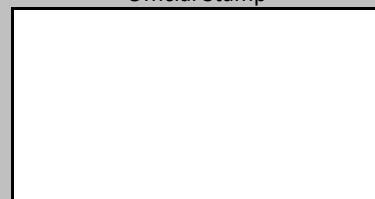
Name: _____ Signature: _____
Date: _____

For official use

Authorising officer's name: _____
Designation: _____
Date: _____

Issued letter's ref number: _____

Official Stamp



* Please provide copies of the Passports or the National Identity cards of the Parents along with the form